

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90016 043 \*\*\*\*55.00

**DOCUMENT # L04000023913**

1. Entity Name

**DASH AUTOMOTIVE, LLC**



Principal Place of Business

**8610 CAUSEWAY BOULEVARD  
TAMPA FL 33619**

Mailing Address

**8610 CAUSEWAY BOULEVARD  
TAMPA FL 33619**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

**20-1067714**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MICHAEL J. McDERMOTT, P.A.  
791 WEST LUMSDEN ROAD  
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name

**Donald Duchesne**

Street Address (P.O. Box Number is Not Acceptable)

**8610 Causeway Blvd.**

City

**Tampa**

**FL**

Zip Code

**33619**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**MGRM  
DUCESNE, DONALD R  
406 CLOVERLEAF DRIVE  
LITHIA FL 33547**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Donald Duchesne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-3-06**

Date

**813-620-3133**

Daytime Phone #